



Tennessee 4-H County Ham Curing Project

Name: _____

Address: _____

Phone: _____ County: _____

E-Mail: _____

Grade as of January : _____

Please read and initial you understating the requirements of the project:

By participating in the country ham project, I am responsible for the following:	4-H Member Initial	Parent Initial
Complete training in the process of country ham curing.		
Enter ham for judging on the county level		

Parent Signature: _____

4-H Member Signature: _____

Agent Signature: _____